

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 1/1/17-3/31/17

Grantee Name: Way To Grow

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	4	5	9	12	8	7	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
8	13	11	7	0	6

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
19	26	0

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
6	11	12	5	8	3	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5	40	

6. Client Type:

Mother	Father	Grandparent	Other
39	5	1	0

